

## **APPENDIX D (REQUIRED FORMS)**

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**EXHIBIT 13 (BUDGET SHEET) – *INTENTIONALLY OMITTED***

**EXHIBIT 14 (EMPLOYEE BENEFITS SHEET) – *INTENTIONALLY OMITTED***

**EXHIBIT 15 (LIVING WAGE PROGRAM CONTRACTOR NON-RESPONSIBILITY  
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*INTENTIONALLY OMITTED***

**EXHIBIT 16 (LIVING WAGE PROGRAM LABOR, PAYROLL AND DEBARMENT  
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*INTENTIONALLY OMITTED***

**EXHIBIT 17 (LIVING WAGE PROGRAM LIVING WAGE DECLARATION) –  
*INTENTIONALLY OMITTED***

**EXHIBIT 18 (LIVING WAGE PROGRAM APPLICATION FOR EXEMPTION) –  
*INTENTIONALLY OMITTED***

**EXHIBIT 19 (LIVING WAGE PROGRAM STAFFING PLAN) – *INTENTIONALLY  
OMITTED***

**EXHIBIT 20 (CHARITABLE CONTRIBUTIONS CERTIFICATION)**

**EXHIBIT 21 (TRANSITIONAL JOB OPPORTUNITIES PREFERENCE PROGRAM  
APPLICATION)**

**EXHIBIT 22 (CERTIFICATION OF COMPLIANCE WITH COUNTY’S DEFAULTED  
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**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 1 (PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT)**

Please complete, date and sign this form. The person signing the form must be authorized to sign on behalf of Proposer and to bind Proposer in a Contract.

1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation) and State of incorporation:

_____ Legal Name	_____ State of Inc.	_____ Year Inc.
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2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

\_\_\_\_\_

3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(ies) of registration:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

4. Please specify the type of organization that appropriately characterizes your firm (i.e., public/government entity, non-profit, for-profit, etc.):

\_\_\_\_\_

5. Is your firm wholly or majority owned by, or a subsidiary of, another firm? \_\_\_\_\_  
If yes, please provide the following:

Name of parent firm: \_\_\_\_\_

State of Incorporation or registration of parent firm: \_\_\_\_\_

6. Please list any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____

7. Indicate whether your firm is involved in any pending acquisitions/mergers, including the associated company's name. If not applicable, indicate below.

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8. Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Mandatory Qualifications stated in Paragraph 3.0 (Proposer's Minimum Mandatory Qualifications) of the solicitation document and are listed below:

- Proposer shall have the completed and signed Appendix D (Required Forms), Exhibit 1 (Proposer's Organization Questionnaire/Affidavit), acknowledging and certifying that it has met and will comply with all of the Minimum Mandatory Qualifications listed herein for Community Services American Indian Block Grant (CSAIBG) Program Services.
- Proposer's organization **must** be an incorporated American Indian non-profit organization with an administrative office in the County of Los Angeles.
- Proposer shall attest/demonstrate the ability to provide the proposed Services for Clients in all five (5) Supervisorial Districts.
- Proposer's Executive Summary letter must be signed by the Chairperson of the Indian Board of Directors or Governing Council with the following statement (at a minimum):

*"The Board of Directors or Governing Board of [Proposer Organization Name] will have the sole responsibility for the operation and management of the project as proposed in this proposal. The Board of Directors or Governing Board will set aside time in the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> quarters of operation of the program to meet with the Self-Governance Board or staff to discuss the ongoing project operations.*

*The Board of Directors or Governing Board agrees that [Proposer Organization Name] will comply with the terms and conditions as set forth in the RFP and the final contract terms as developed by the Self-Governance Board."*

- Proposer shall have a minimum of five (5) consecutive years of experience, which shall include experience obtained within the past ten (10) years, providing CSAIBG Program Services to Clients in Los Angeles County (or providing services which are substantially similar to those stated in Appendix B (Statement of Work), Paragraph 10.0 (Specific Work Requirements)).
- Proposer's management, operation, and control of the proposed Program must reside with a Board of Directors comprised of a majority of American Indians (50%+1) who meet the definition of Indian as included in the Indian Education Act, Title IX and must be able to provide proof of tribal enrollment or tribal ancestry.
- Proposer must include in the Executive Summary a listing of names and addresses of the Board of Directors or Governing Board with tribal affiliations included.
- Proposer must be able to provide CSAIBG Program Services beginning January 1, 2017.

- Proposer must currently have a Project Manager who meets all of the requirements listed in Appendix B (Statement of Work) for CSAIBG Program Services.
- Proposer shall have the completed forms and documentation identified in Subparagraph 7.9.1.9 (Section E (Required Forms and Documentation)) of the solicitation document.
- Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements are made in connection with this proposal, the proposal may be rejected. The evaluation and determination in this area shall be at County's sole judgment and such judgment shall be final.

**Proposer's Acknowledgement**

\_\_\_\_\_  
Proposer's Name

\_\_\_\_\_  
Primary Address

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Internal Revenue Service Employer Identification  
Number

\_\_\_\_\_  
California Business  
License Number

\_\_\_\_\_  
County WebVen Number

\_\_\_\_\_  
DUNS Number

**Proposer's Authorized Representative Certification**

On behalf of Proposer identified above, I certify that I am Proposer's authorized representative and I further certify that the information contained in this Appendix D (Required Forms), Exhibit 1 (Proposer's Organization Questionnaire/Affidavit) is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 2 (PROPOSER'S REFERENCES)**

**Proposer's Name:** \_\_\_\_\_

List three (3) references where the same or similar scope of Services was provided in order to meet the Minimum Mandatory Qualifications stated in this solicitation.

REFERENCE 1				
Name of Firm	Address of Firm	Contact Person's Name	Telephone No.	E-mail Address
Contract Name and Number	No. of Years	Term of Contract	Type of Service	Dollar Amount

REFERENCE 2				
Name of Firm	Address of Firm	Contact Person's Name	Telephone No.	E-mail Address
Contract Name and Number	No. of Years	Term of Contract	Type of Service	Dollar Amount

REFERENCE 3				
Name of Firm	Address of Firm	Contact Person's Name	Telephone No.	E-mail Address
Contract Name and Number	No. of Years	Term of Contract	Type of Service	Dollar Amount

**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 3 (PROPOSER'S LIST OF CONTRACTS WITH PUBLIC ENTITIES)**

**Proposer's Name:** \_\_\_\_\_

List all public entities for which Proposer has provided service(s) within the last five (5) years. Use additional sheets if necessary.

ENTITY 1				
Name of Entity	Address of Entity	Contact Person's Name	Telephone No.	E-mail Address
Contract Name and Number	No. of Years	Term of Contract	Type of Service	Dollar Amount
ENTITY 2				
Name of Entity	Address of Entity	Contact Person's Name	Telephone No.	E-mail Address
Contract Name and Number	No. of Years	Term of Contract	Type of Service	Dollar Amount
ENTITY 3				
Name of Entity	Address of Entity	Contact Person's Name	Telephone No.	E-mail Address
Contract Name and Number	No. of Years	Term of Contract	Type of Service	Dollar Amount
ENTITY 4				
Name of Entity	Address of Entity	Contact Person's Name	Telephone No.	E-mail Address
Contract Name and Number	No. of Years	Term of Contract	Type of Service	Dollar Amount
ENTITY 5				
Name of Entity	Address of Entity	Contact Person's Name	Telephone No.	E-mail Address
Contract Name and Number	No. of Years	Term of Contract	Type of Service	Dollar Amount

**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 4 (PROPOSER'S LIST OF TERMINATED CONTRACTS)**

**Proposer's Name:** \_\_\_\_\_

List all contracts that have been terminated within the past ten (10) years. Use additional sheets if necessary.

<b>1. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (   )	<b>Fax #</b> (   )
<hr/>				
Name or Contract No.	Reason for Termination:			
<hr/>				
<b>2. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (   )	<b>Fax #</b> (   )
<hr/>				
Name or Contract No.	Reason for Termination:			
<hr/>				
<b>3. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (   )	<b>Fax #</b> (   )
<hr/>				
Name or Contract No.	Reason for Termination:			
<hr/>				
<b>4. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b> (   )	<b>Fax #</b> (   )
<hr/>				
Name or Contract No.	Reason for Termination:			
<hr/>				



**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 5 (CERTIFICATION OF NO CONFLICT OF INTEREST)**

The Los Angeles County Code, Section 2.180.010, provides as follows:

**CONTRACTS PROHIBITED**

Notwithstanding any other section of this Code, County shall not contract with, and shall reject any proposals submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such Contract:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
  - a. Were employed in positions of substantial responsibility in the area of Service to be performed by the Contract; or
  - b. Participated in any way in developing the Contract or its Service specifications; and
4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

**PROPOSER'S CERTIFICATION OF NO CONFLICT OF INTEREST**

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Proposer's Name

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Name of Authorized Representative

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Title of Authorized Representative

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Authorized Representative's Signature

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Date

**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 6 (FAMILIARITY WITH COUNTY'S LOBBYIST ORDINANCE**  
**CERTIFICATION)**

Proposer certifies that:

- 1) it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;
- 2) all persons acting on behalf of Proposer's organization have and will comply with this Ordinance during the proposal process; and
- 3) it is not on the County of Los Angeles Executive Office's List of Terminated Registered Lobbyists.

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Proposer's Name

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Name of Authorized Representative

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Title of Authorized Representative

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Authorized Representative's Signature

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Date

**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 7 (REQUEST FOR LOCAL SBE PREFERENCE PROGRAM CONSIDERATION**  
**AND CBE FIRM/ORGANIZATION INFORMATION)**

**I. LOCAL SMALL BUSINESS ENTERPRISE (SBE) PREFERENCE PROGRAM**

**FIRM NAME:** \_\_\_\_\_

**CAGE CODE:** \_\_\_\_\_ **NAICS CODE:** \_\_\_\_\_

- ☐ As a business registered as 'Small' on the Federal Central Contractor Registration (CCR) data base, I request this proposal/bid be considered for the Local SBE Preference.
- ☐ The NAICS Code shown corresponds to the Services in this solicitation.
- ☐ Attached is my CCR certification page.

**II. FIRM/ORGANIZATION INFORMATION**

The information requested below is for statistical purposes only. On final analysis and consideration of award, Contractor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

<b>Business Structure:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify) _____						
<b>Total Number of Employees</b> (including owners): _____						
<b>Race/Ethnic Composition of Firm.</b> Please distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

### III. PERCENTAGE OF OWNERSHIP IN FIRM

Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

### IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use additional pages, if necessary.)

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date

### IV. LOCAL SBE PREFERENCE

Proposer understands that in no instance shall the Local SBE Preference Program price or scoring preference be combined with any other County preference program to exceed eight percent (8%) in response to this solicitation.

### V. DECLARATION

**I declare under penalty of perjury under the laws of the State of California that the information stated herein is true and correct.**

\_\_\_\_\_  
Proposer's Name

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Date

### REVIEWED BY COUNTY

\_\_\_\_\_  
Name of Reviewer

\_\_\_\_\_  
Approved or Disapproved

\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Date

Appendix D (Required Forms)

Exhibit 7 (Request for Local SBE Preference Program Consideration and CBE Firm/Organization Information)

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**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 8 (PROPOSER'S EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATION)**

**GENERAL CERTIFICATION**

In accordance with Los Angeles County Code, Section 4.32.010, Proposer certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

<b>CERTIFICATION</b>	<b>YES</b>	<b>NO</b>
1. Proposer has written policy statement prohibiting discrimination in all phases of employment.	(   )	(   )
2. Proposer periodically conducts a self-analysis or utilization analysis of its workforce.	(   )	(   )
3. Proposer has a system for determining if its employment practices are discriminatory against protected groups.	(   )	(   )
4. When problem areas are identified in employment practices, Proposer has a system for taking reasonable corrective action to include establishment of goals and/or timetables.	(   )	(   )

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Proposer's Name

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Internal Revenue Service Employer Identification Number

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Name of Authorized Representative

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Title of Authorized Representative

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Authorized Representative's Signature

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Date

**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 9 (ATTESTATION OF WILLINGNESS TO CONSIDER**  
**GAIN/GROW PARTICIPANTS)**

As a threshold requirement for consideration for Contract award, Proposer shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to Proposer's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To obtain qualified GAIN/GROW participants as potential employment candidates, Contractor shall report all job openings with job requirements to: [GAINGROW@dpss.lacounty.gov](mailto:GAINGROW@dpss.lacounty.gov).

**Proposers who are unable to meet this requirement shall not be considered for Contract award.**

Proposer shall complete all of the following information, sign where indicated below, and return this form with the proposal.

A. Proposer has a proven record of hiring GAIN/GROW participants.

\_\_\_\_\_ YES (subject to verification by County) \_\_\_\_\_ NO

B. Proposer is willing to provide County of Los Angeles Department of Public Social Services with all job openings and job requirements to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider" means that Proposer is willing to interview qualified GAIN/GROW participants.

\_\_\_\_\_ YES \_\_\_\_\_ NO

C. Proposer is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ N/A (Program not available)

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Proposer's Name

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Name of Authorized Representative

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Title of Authorized Representative

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Authorized Representative's Signature

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Date

**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 10 (COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY  
SERVICE PROGRAM CERTIFICATION AND APPLICATION FOR EXCEPTION)**

County's solicitation for this Request for Proposals is subject to the County of Los Angeles Contractor Employee Jury Service Program (hereafter "Program"), Los Angeles County Code, Chapter 2.203. All Proposers, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, County will determine, in its sole discretion, whether Proposer is excepted from the Program.

***If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.***

**Part I: Jury Service Program is Not Applicable to My Business**

- ☐ My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County of Los Angeles contracts or subcontracts (this exception is not available if the Contract itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from County of Los Angeles exceed an aggregate sum of \$50,000 in any 12-month period.
- ☐ My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this Contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

**"Dominant in its field of operation"** means having more than ten employees and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the Contract awarded, exceed \$500,000.

**"Affiliate or subsidiary of a business dominant in its field of operation"** means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

- ❑ My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

**OR**

**Part II: Certification of Compliance**

- ❑ My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, **or** my company will have and adhere to such a policy prior to award of the Contract.

**DECLARATION**

**I declare under penalty of perjury under the laws of the State of California that the information stated herein is true and correct.**

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Proposer's Name

---

Title of Program Services

---

Name of Authorized Representative

---

Title of Authorized Representative

---

Authorized Representative's Signature

---

Date



**EXHIBIT 11 (INTENTIONALLY OMITTED)**

**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 12 (CERTIFICATION OF INDEPENDENT PRICE DETERMINATION**  
**AND ACKNOWLEDGEMENT OF REQUEST FOR PROPOSAL RESTRICTIONS)**

A. By submission of this proposal, Proposer certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Proposer or competitor for the purpose of restricting competition.

B. List all names and telephone numbers of persons legally authorized to commit Proposer.

NAME

PHONE NUMBER


**NOTE:** Persons signing on behalf of Proposer will be required to warrant that they are authorized to bind Proposer if awarded a Contract.

C. List names of all joint ventures, partners, subcontractors, or others having any right or interest in this Contract or the proceeds thereof. If not applicable, state "NONE".


D. Proposer acknowledges that it has not participated as a consultant in the development, preparation, or selection process associated with this solicitation. Proposer understands that if it is determined by County that Proposer did participate as a consultant in this solicitation process, County shall reject this proposal.


\_\_\_\_\_  
Proposer's Name

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Date

**EXHIBIT 13 (INTENTIONALLY OMITTED)**

**EXHIBIT 14 (INTENTIONALLY OMITTED)**

**EXHIBIT 15 (INTENTIONALLY OMITTED)**

**EXHIBIT 16 (INTENTIONALLY OMITTED)**

**EXHIBIT 17 (INTENTIONALLY OMITTED)**

**EXHIBIT 18 (INTENTIONALLY OMITTED)**



**EXHIBIT 19 (INTENTIONALLY OMITTED)**

**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 20 (CHARITABLE CONTRIBUTIONS CERTIFICATION)**

The Nonprofit Integrity Act (Senate Bill 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

**Check the Certification below that is applicable to Proposer's organization:**

- ☐ Proposer has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a County contract, Proposer will timely comply with them and provide County's Project Director a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

**OR**

- ☐ Proposer is registered with the California Registry of Charitable Trusts under the CT number listed below and is in compliance with its registration and reporting requirements under California law. Attached is a copy of Proposer's most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, Sections 300-301 and Government Code Sections 12585-12586.

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Proposer's Name

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California Registry of Charitable Trusts "CT" number (if applicable)

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Name of Authorized Representative

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Title of Authorized Representative

---

Authorized Representative's Signature

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Date

**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 21 (TRANSITIONAL JOB OPPORTUNITIES PREFERENCE PROGRAM APPLICATION)**

**I hereby certify that I meet all of the following requirements for this Preference Program:**

- ☐ My business is a non-profit corporation qualified under Internal Revenue Services Code - Section 501(c)(3) and has been such for three (3) years (*attach IRS Determination Letter*);
- ☐ I have included my three (3) most recent annual tax returns with this application;
- ☐ I have been in operation for at least one (1) year providing transitional job and related supportive services to program participants; and
- ☐ I have included a profile of our program with this application addressing the following: a description of its components designed to help the program participants; number of past program participants; and, any other information requested by County.

**TRANSITIONAL JOB OPPORTUNITIES PREFERENCE**

Proposer understands that in no instance shall the Transitional Job Opportunities Preference Program price or scoring preference be combined with any other County preference program to exceed eight percent (8%) in response to this solicitation.

**DECLARATION**

**I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct.**

\_\_\_\_\_  
Proposer's Name

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Date

**REVIEWED BY COUNTY**

\_\_\_\_\_  
Name of Reviewer

\_\_\_\_\_  
Approved or Disapproved

\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Date

**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 22 (CERTIFICATION OF COMPLIANCE WITH COUNTY'S**  
**DEFAULTED PROPERTY TAX REDUCTION PROGRAM)**

Proposer/Bidder certifies that:

- ☐ It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; **and**

To the best of its knowledge, after a reasonable inquiry, Proposer/Bidder is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; **and**

Proposer/Bidder agrees to comply with County's Defaulted Property Tax Reduction Program during the term of any awarded Contract.

**- OR -**

- ☐ It is exempt from County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

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**DECLARATION**

**I declare under penalty of perjury under the laws of the State of California that the information stated herein is true and correct.**

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Proposer's Name

---

Title of Program Services

---

Name of Authorized Representative

---

Title of Authorized Representative

---

Authorized Representative's Signature

---

Date

**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 23 (REQUEST FOR DISABLED VETERAN BUSINESS ENTERPRISE  
PREFERENCE PROGRAM CONSIDERATION)**

In evaluating bids/proposals, County will give preference to businesses that are certified by the State of California as a Disabled Veteran Business Enterprise (DVBE) or by the Department of Veterans as a Service Disabled Veteran Owned Small Business (SDVOSB) consistent with Los Angeles County, Code Chapter 2.211.

Information about the State's Disabled Veteran Business Enterprise certification regulations is in the California Code of Regulations, Title 2, Subchapter 8, Section 1896 et seq., and is also available on the California Department of General Services Office of Disabled Veteran Business Certification and Resources Website at <http://www.pd.dgs.ca.gov/>.

Information on the Veteran Affairs Disabled Business Enterprise certification regulations may be found in the Code of Federal Regulations (38 CFR 74) and is also available on the Veterans Affairs Website at: <http://www.vetbiz.gov/>.

**CERTIFICATION**

- ☐ **I AM NOT** a Disabled Veteran Business Enterprise certified by the State of California or a Service Disabled Veteran Owned Small Business with the Department of Veteran Affairs.
- ☐ **I AM** certified as a Disabled Veteran Enterprise with the State of California or a Service Disabled Veteran Owned Small Business with the Department of Veteran Affairs as of the date of this proposal/bid submission and I request this proposal be considered for the DVBE Preference.

**DISABLED VETERANS BUSINESS ENTERPRISE PREFERENCE**

Proposer understands that in no instance shall the Disabled Veteran Business Enterprise Preference Program price or scoring preference be combined with any other County preference program to exceed eight percent (8%) in response to this solicitation.

**DECLARATION**

**I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct.**

---

Proposer's Name

---

Name of Authorized Representative

---

Title of Authorized Representative

---

Authorized Representative's Signature

---

Date

**REVIEWED BY COUNTY**

---

Name of Reviewer

---

Approved or Disapproved

---

Reviewer's Signature

---

Date

**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 24 (PROPOSED PROGRAM SERVICES FOR CSAIBG PROGRAM)**

Legal Name of Agency \_\_\_\_\_

**I. Agency Information Summary**

Site Address	Public Phone Number	Project Manager	Project Manager Business Phone Number	Emergency Phone Number (after hours)	Hours of Operation		
					M-F	Sat	Sun

**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 24 (PROPOSED PROGRAM SERVICES FOR CSAIBG PROGRAM)**

Legal Name of Agency: \_\_\_\_\_

**II. Projected Number of Unduplicated Clients**

CSAIBG Service Category		Months												Total
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	<b>Employment</b>													0
	Job Counseling/Development													
	Job Placement/Development													
2	<b>Education</b>													0
	Counseling and Guidance													
	Public Education/Information													
	Day Care and Child Development													
3	<b>Housing</b>													0
	Emergency Vouchers													
4	<b>Emergency Services</b>													0
5	<b>Nutrition</b>													0
	Brown Bag Program													
	Congegate Meals													
6	<b>Linkages</b>													0
	Information and Referral													
	Family/Individual Counseling and Programs													
	Transportation Projects													
	Social and Recreational Services													
	Client Advocacy/Paralegal Act													
7	<b>Health</b>													0
	Medical and Dental Screening													
	Other Primary Health Care Services													





**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 25 (Program Year 2017 Budget)**  
**Community Services American Indian Block Grant Program (CSAIBG)**

Subaward No. \_\_\_\_\_  
 Amendment No. \_\_\_\_\_  
 Modification No. \_\_\_\_\_

Legal Name of Agency: \_\_\_\_\_

<i>Main Administrative Office Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Fax Number</i>	
<i>Mailing Address (if different from above)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Fax Number</i>	
<i>Prefix</i>	<i>Official Authorized to Sign for Agency</i>	<i>Job Title</i>	<i>Phone Number</i>	<i>Ext.</i>	<i>Email Address</i>
<i>Prefix</i>	<i>Official Authorized to Sign for Agency</i>	<i>Job Title</i>	<i>Phone Number</i>	<i>Ext.</i>	<i>Email Address</i>

**I. BUDGET SUMMARY CHART**

(A)	(B)		(C)	(D)
CSAIBG GRANT FUNDS	VOLUNTARY MATCH		ADMIN. (10% CAP)	TOTAL PROGRAM COST (A+B+C)
	CASH	IN-KIND		
\$0	\$0	\$0	\$0	\$0



**APPENDIX D (REQUIRED FORMS) EXHIBIT 25**  
**(Program Year 2017 Budget)**  
**CSAIBG Program**

Subaward No. \_\_\_\_\_  
 Amendment No. \_\_\_\_\_  
 Modification No. \_\_\_\_\_

Legal Name of Agency: \_\_\_\_\_

**II. BUDGETED LINE ITEMS**

	COST CATEGORIES	(A)	(B)		(C)	(D)
		CSAIBG GRANT FUNDS	VOLUNTARY MATCH		INDIRECT COST	TOTAL FUNDS
			CASH	IN-KIND		
1	Personnel	\$0	\$0	\$0	\$0	\$0
2	Advertising	\$0				\$0
3	Dues, Memberships, Subscriptions	\$0				\$0
4	Postage	\$0				\$0
5	Printing	\$0				\$0
6	Consumable Supplies	\$0				\$0
7	Equipment Purchase/Lease	\$0				\$0
8	Space (Facility Lease)	\$0				\$0
9	Utilities (Telephone, electricity, etc.)	\$0				\$0
10	Insurance	\$0				\$0
11	Staff Travel	\$0				\$0
12	Professional Services/Consultants	\$0				\$0
13	Subcontractors	\$0				\$0
14	Direct CSAIBG Client Services Costs*	\$0	\$0	\$0	\$0	\$0
15	Other Costs (Specify)	\$0				\$0
16	<b>Total Direct Costs (Lines 1 through 15)</b>	\$0	\$0	\$0		\$0
17	<b>Total Indirect Costs (10% limit of CSAIBG Grant Funds)</b>				\$0	\$0
18	<b>Total Program Grant Costs (Lines 16 and 17)</b>	\$0	\$0	\$0	\$0	\$0
19	<b>GRAND TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\* Complete Section VI, Direct CSAIBG Client Services Cost Justification chart



**APPENDIX D (REQUIRED FORMS) EXHIBIT 25**  
**(Program Year 2017 Budget)**  
**CSAIBG Program**

Subaward No. \_\_\_\_\_  
 Amendment No. \_\_\_\_\_  
 Modification No. \_\_\_\_\_

Legal Name of Agency: \_\_\_\_\_

**III. PERSONNEL COSTS**

		(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)
	POSITION/TITLE (List each position separately)	% of Time on Program	Monthly Salary	No. of Months	Annual Salary (AxBxC)	CSAIBG Grant Funds	Voluntary Match		Indirect Cost	Total Program Budget (E+F+G)
							Cash	In-Kind		
1					\$0					\$0
2					\$0					\$0
3					\$0					\$0
4					\$0					\$0
5					\$0					\$0
6					\$0					\$0
7					\$0					\$0
8					\$0					\$0
9					\$0					\$0
10					\$0					\$0
11	Salary Subtotal					\$0	\$0	\$0	\$0	\$0
12	Employee Payroll Taxes									\$0
13	Employee Benefits									\$0
14	GRAND TOTAL					\$0	\$0	\$0	\$0	\$0



**APPENDIX D (REQUIRED FORMS) EXHIBIT 25**  
**(Program Year 2017 Budget)**  
**CSAIBG Program**

Subaward No. \_\_\_\_\_  
 Amendment No. \_\_\_\_\_  
 Modification No. \_\_\_\_\_

Legal Name of Agency: \_\_\_\_\_

**IV. DIRECT CSAIBG CLIENT SERVICES COSTS\***

	CSAIBG CLIENT SERVICES COST	(A)	(B)		(C)	(D)
		CSAIBG GRANT FUNDS	VOLUNTARY MATCH		INDIRECT COST	TOTAL FUNDS (A+B+C)
			CASH	IN-KIND		
1	Employment (Job Counseling, placement, development, etc.)	\$0				\$0
2	Education (Educational, social, cultural workshops/presentations)	\$0				\$0
3	Housing (Cash payments for emergency lodging/shelter, rental assistance, self-help housing, etc.)	\$0				\$0
4	Emergency Services (Subsidies, emergency assistance gas & light, etc.)	\$0				\$0
5	Nutrition Services (Brown Bag/Congregate Meals, nutritional snacks, etc.)	\$0				\$0
6	Linkages (Transportation, etc.)	\$0				\$0
7	Health Services (Medical/dental co-payments)	\$0				\$0
8	Other Client Costs (Specify)	\$0				\$0
9	Other Client Costs (Specify)	\$0				\$0
10	<b>Total Direct Costs (Lines 1 through 10)</b>	\$0	\$0	\$0		\$0
11	<b>Total Indirect Costs (10% limit of CSAIBG Grant Funds)</b>				\$0	\$0
12	<b>Total Program Grant Costs (Lines 11 and 12)</b>	\$0	\$0	\$0	\$0	\$0
13	<b>GRAND TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\* Complete Section VI, Direct CSAIBG Client Services Cost Justification chart



**APPENDIX D (REQUIRED FORMS) EXHIBIT 25**  
**(Program Year 2017 Budget)**  
**CSAIBG Program**

Subaward No. \_\_\_\_\_  
 Amendment No. \_\_\_\_\_  
 Modification No. \_\_\_\_\_

Legal Name of Agency: \_\_\_\_\_

**V. BUDGET JUSTIFICATION**

	LINE ITEMS	JUSTIFICATION/CALCULATION (Provide a brief explanation of all costs with formulas, if applicable)	TOTAL COST
1	Personnel	See Section III, Personnel Costs	\$0
2	Advertising		
3	Dues, Memberships, Subscriptions		
4	Postage		
5	Printing		
6	Consumable Supplies		
7	Equipment Purchase/Lease		
8	Space (Facility Lease)		
9	Utilities (Telephone, electricity, etc.)		
10	Insurance		
11	Staff Travel		
12	Professional Services/Consultants		
13	Subcontractors		
14	Direct CSAIBG Client Services Costs	See Section VI, Direct CSAIBG Client Services Cost Justification	\$0
15	Other (Specify)		
<b>GRAND TOTAL</b>			<b>\$0</b>



**APPENDIX D (REQUIRED FORMS) EXHIBIT 25**  
**(Program Year 2017 Budget)**  
**CSAIBG Program**

Subaward No. \_\_\_\_\_  
 Amendment No. \_\_\_\_\_  
 Modification No. \_\_\_\_\_

Legal Name of Agency: \_\_\_\_\_

**VI. DIRECT CSAIBG CLIENT SERVICES COST JUSTIFICATION**

*Note: For each line item below, specify the Unit Cost and the total Number of Units with a brief description under Column D. If Unit Costs are not available or applicable, provide the cost justification under Column D and enter the cost amount under Column E. All costs must be justified under Column D.*

		(A)	(B)	(C)	(D)	(E)	(F)
	<b>DIRECT CSAIBG CLIENT SERVICES COST</b>	<b>UNIT COST</b>	<b>NO. OF UNITS</b>	<b>SUB-TOTAL</b>	<b>JUSTIFICATION/CALCULATION</b> (Provide a brief explanation of all costs with formulas, if applicable)	<b>OTHER COSTS DESCRIBED IN COL. D</b>	<b>TOTAL CSAIBG GRANT FUNDS (C+E)</b>
	<b>Employment</b>						<b>\$0</b>
1	Job Counseling/Development			\$0			\$0
	Job Placement/Development			\$0			\$0
	Other - Specify			\$0			\$0
	<b>Education</b> (Educational, social, cultural workshops/presentations)						<b>\$0</b>
2	Counseling and Guidance			\$0			\$0
	Public Education/Information			\$0			\$0
	Daycare/Child Development			\$0			\$0
	Specify			\$0			\$0
	<b>Housing</b> (Cash payments for emergency lodging/shelter)						<b>\$0</b>
3	Lodging/Shelter (Motel/hotel vouchers)			\$0			\$0
	Rental Assistance			\$0			\$0
	Self-Help Housing			\$0			\$0
	Other - Specify			\$0			\$0
	<b>Emergency Services</b> (Utility assistance, subsidies, etc.)						<b>\$0</b>
4	Gas/Electricity			\$0			\$0
	Consumable Supplies - Supplies distribution			\$0			\$0
	Other - Specify			\$0			\$0
	<b>Nutrition Services</b> (Food expenses)						<b>\$0</b>
5	Brown Bag/Food Baskets			\$0			\$0
	Congregate Meals			\$0			\$0
	Nutritional Snacks			\$0			\$0
	Other - Specify			\$0			\$0
	<b>Linkages</b>						<b>\$0</b>
6	Transportation - Metro TAP Cards			\$0			\$0
	Transportation - Pre-paid Gas Vouchers			\$0			\$0
	Client Advocacy/Paralegal Services			\$0			\$0
	Family/Individual Counseling and Programs			\$0			\$0
	Social and Recreational Services			\$0			\$0
	Other - Specify			\$0			\$0
	<b>Health Services</b>						<b>\$0</b>
7	Medical/Dental Co-Payments			\$0			\$0
	Other - Specify			\$0			\$0
8	<b>Other Client Costs (Specify)</b>						<b>\$0</b>
				\$0			\$0
9	<b>Other Client Costs (Specify)</b>						<b>\$0</b>
				\$0			\$0
<b>GRAND TOTAL</b>							<b>\$0</b>

**APPENDIX D (REQUIRED FORMS)**  
**EXHIBIT 26 (PROPOSED LIST OF LOWER TIER SUBAWARDS)**

[illegible]